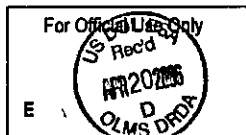


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 7475	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Daniel Machain P O Box Bldg Room No if any Street 1787 Gotham Street City Chula Vista State California ZIP Code + 4 91913	4 Name file number and address of labor organization Name IBEW 569 Labor Organization File Number 034 254 P O Box Building and Room Number if any Street 4545 Viewridge Avenue Suit 100 City San Diego State California ZIP Code + 4 92123 1644
5 Position in labor organization Part Time Teacher	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

Daniel Machain

On 03/29/2006
Date

(619) 941 1571

Telephone Number

Name of Person Filing Daniel Machain	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SD Electrical Training Admin Svcs Corp

Trade Name if any

P O Box Bldg Room No if any

Street 4675-D Viewridge Avenue

City San Diego

State California ZIP Code + 4 92123 1644

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Part time teacher

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Instructor wages

12 b Amount \$1 540

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing Daniel Machain

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SD Electrical Training Admin Svcs Corp

Trade Name if any

P O Box Bldg Room No if any

Street 4675 D Viewridge Avenue

City San Diego

State California ZIP Code + 4 92123-1644

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Part time instructor

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Meal provided for instructor

12 b Amount

\$12

Part B

Name of Reporting Employer SD Electrical Training Admin Svcs Corp	File Number E
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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<p>9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made</p> <p>Name Daniel Machain</p> <p>P O Box Building and Room Number if any </p> <p>Street 4545 Viewridge Avenue Suite 100</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92123</p> <p>10 a Date of the promise agreement, or arrangement pursuant to which payments or expenditures were agreed to or made </p>	<p>9 c Position in labor organization or with employer (If an independent labor consultant, so state) Business Agent/Part-Time Instructor</p> <p>9 d Name and address of firm or labor organization with whom employed or affiliated</p> <p>Organization I B E W Local 569</p> <p>P O Box Building and Room Number if any </p> <p>Street 4545 Viewridge Avenue Suite 100</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92123</p> <p>10.b The promise agreement, or arrangement was <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached)</p>	
<p>11 a Date of each payment or expenditure (mm/dd/yyyy)</p> <p>see attached</p> <p></p> <p></p> <p></p> <p></p>	<p>11 b Amount of each payment or expenditure</p> <p>0</p> <p></p> <p></p> <p></p> <p></p>	<p>11 c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)</p> <p>see attached</p> <p></p> <p></p> <p></p> <p></p>
<p>12. Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made</p> <p>Share of meals (paid directly by employer to vendors) - individual's portion of meal cost during monthly meeting to conduct business</p> <p>Individual was hired as an independent part-time instructor to teach classes Individual taught classes in the evenings and Saturdays</p>		

Part B Page 3 Item 11 Continued

Name of Reporting Employer

File Number

Fiscal Year Covered

For

SD Electrical Training Admin Services Corporation

NONE

01/01/2005 12/31/2005

MACHAIN DANIEL

[illegible]